

ANNUAL REPORT AND INFORMAL ACCOUNTING OF GUARDIAN

Superior Court of New Jersey
Chancery Division, Probate Part

In the Matter of the Annual Report of

_____ County

Docket No. _____

*As Guardian for _____,
An Incapacitated Person*

This report must be filed by every guardian once per year unless the Judge otherwise specifies, on the anniversary date of your appointment, which is _____. The original must be filed with the Surrogate along with a filing fee of \$ 5.00 per page made payable to MERCER COUNTY SURROGATE and a copy must also be sent to court-appointed counsel for the ward at the following address:

Surrogate:

Court Appointed Counsel:

Mercer County Surrogate
PO Box 8068
Trenton, New Jersey 08650-0068

1. Date of Report _____

2. Guardian:

Please Check:

Name: _____ ☐ guardian of person only
Address: (include mailing address, ☐ guardian of property only
if different) ☐ guardian of both

Telephone No.
(Day) _____
(Evening) _____

3. Incapacitated Person:

Name: _____
Address: (If the person lives in a residential facility, include name of
the Director or person responsible for care) _____

Telephone No. _____

4. Bond:

Bonding company name: _____

Bonding company address: _____

Value of Bond (If the bonding requirement is waived, so state):

5. Guardian's relationship to ward:

1 ___ spouse 2 ___ parent of ward 3 ___ child of ward 4 ___ other relative

5 ___ friend 6 ___ private attorney 7 ___ public guardian or agency 8 ___ other

6. Does the ward live with you? ___ Yes ___ No. If not, how many times do you or your designee visit the ward on an average each month? _____. On average, how long is the visit (in minutes)? _____

7. What does the guardian do for the ward? Check all that apply:

_____ Manage financial affairs

_____ Provide necessities

_____ Housekeeping

_____ Take on outings

_____ Provide transportation

_____ Bathe

_____ Feed

_____ Provide continuous care

List any others:

IF YOU ARE A GUARDIAN OF THE PERSON, PLEASE COMPLETE THE FOLLOWING QUESTIONS. IF YOU ARE A GUARDIAN OF THE PROPERTY ONLY, PLEASE GO TO QUESTION 19.

8. What is the guardian's view of the ward's overall situation, including any significant changes in physical health, intellectual functioning, emotional health and living situation that have occurred over the past year;

9. Does the guardian feel that the guardianship should continue? __yes __no
Why?

10. Has there been any substantial change in the incapacitated person's medication? __yes __no
If yes, please explain:

11. Examination:
Please state the date and place the incapacitated person was last examined or otherwise seen by a physician and the purpose of such visit:

Date

Physician

Purpose

Please attach a statement by a physician, psychologist, nurse clinician or social worker, or other person who has evaluated or examined the incapacitated person within three (3) months prior to the filing of this report, regarding an evaluation of the incapacitated person's condition and current functioning level.

12. Residential setting:
Is the current residential setting suitable to the needs of the incapacitated person? __yes __no
If no, please explain:

13. Treatment:
What professional medical treatment, if any, has been given to the incapacitated person during the proceeding year?

Date

Treatment

14. Treatment Plan:
Describe the treatment plan for the coming year for the incapacitated person regarding:
- (a) Medical treatment
 - (b) Dental treatment
 - (c) Mental health treatment
 - (d) Additional related services
15. Social Skills:
Please provide information concerning the condition of the incapacitated person's social skills and needs and the social and personal services by the incapacitated person _____

16. Any changes needed in the guardianship? _____
17. Has eligibility for such programs as Social Security, Medicare, Medicaid, SSI or Food Stamps ever been checked? ____yes ____no
18. Does the guardian need assistance, whether from the court or from a community agency? Please specify: _____

19. Guardian's current assessment of ward's *(check a rating box for each category)*

	Excellent	Satisfactory	Fair	Poor	Don't know
Physical health					
Emotional health					
Intellectual functioning					
Living situation					

PROPERTY MANAGEMENT

If you have been granted powers regarding the property management of the incapacitated person, please provide the following information, consistent with your order of appointment, pertaining to your fulfillment of your responsibilities to the incapacitated person to provide for property management:

20. Have you identified, traced and collected assets of the incapacitated person since your appointment? ____yes ____no
If no, please explain:
21. Have all of the incapacitated person's past and current income tax returns and payments been brought up to date? ____yes ____no
If no, please explain:
21. **Please complete the following schedules and summary. If you have nothing to list on a schedule, state "NONE".**

SCHEDULE A
Assets on Hand at the Beginning of the Accounting Period

Please list all assets of the incapacitated person over which you had sole control as guardian as of the beginning of the accounting period. Do not include in this schedule, trust principal in which the incapacitated person has an interest, property under joint control of any court, or real property not transferred to the guardian.

- 1. BANK ACCOUNTS AND CASH** – please list the name and address of institutions, account numbers and balance deposited in banks or other financial institutions. Please also list any cash on hand not in bank accounts.

- 2. CORPORATE AND GOVERNMENT SECURITIES (e.g., CORPORATE STOCKS AND BONDS; FEDERAL, STATE OR MUNICIPAL BONDS AND NOTES)**

- 3. PRESENT OR FUTURE INTERESTS (e.g., INTERESTS IN PARTNERSHIPS, TRUSTS, LITIGATION SETTLEMENT FUNDS OR PENSIONS)** – please list the estimated values of all present and future interests the incapacitated person has in property that has not been transferred to your control.

- 4. OTHER PERSONAL PROPERTY (e.g., FURNITURE, JEWELRY, ARTWORK)** - please list and describe other personal property and indicate estimated value.

- 5. REAL PROPERTY** – please describe location and type of real property, type of interest and market value.

SCHEDULE B

Assets Received During Accounting Period

Please list all principal assets received during the period of this report (show date received, source and amount or value).

SCHEDULE C

Income Received During Accounting Period

Please list all income received during the period from property interests listed in Schedules A and B (show date received, source and amount).

SCHEDULE D

Losses Incurred During Accounting Period

Please list all realized losses incurred on principal assets, whether due to sale or liquidation, indicating the asset involved, the date and amount of loss.

SCHEDULE E

Moneys Paid Out During Accounting Period

Please list all disbursements, excluding investments, during the period, including date of payment, payee and amount.

CERTIFICATION

_____ (your name), certifies that I am the Guardian of the within named incapacitated person and that the attached annual report (and schedule(s) (is) (are), to the best of my personal knowledge, complete and true statement of my activities as Guardian of _____. I am aware that if any of the foregoing are willfully false, I am subject to punishment.

Date

Guardian

Print Name